

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 - _____ Allowed I _____ Interference
 (Through numeral) _____ Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Final	Original	Date
1	✓	✓	11-5-02
2	✓	✓	11-5-02
3	✓	✓	11-5-02
4	✓	✓	11-5-02
5	✓	✓	11-5-02
6	✓	✓	11-5-02
7	✓	✓	11-5-02
8	✓	✓	11-5-02
9	✓	✓	11-5-02
10	✓	✓	11-5-02
11	✓	✓	11-5-02
12	✓	✓	11-5-02
13	✓	✓	11-5-02
14	✓	✓	11-5-02
15	✓	✓	11-5-02
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28	✓	✓	11-5-02
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47	✓	✓	11-5-02
48	✓	✓	11-5-02
49	✓	✓	11-5-02
50	✓	✓	11-5-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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